

<b>Case Number:</b>	CM15-0042249		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	05/19/2014
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 39 year old female, who sustained an industrial injury on May 19, 2014. The injured worker had reported an injury to the neck, back and head. The diagnoses have included discogenic cervical condition with facet inflammation and headaches and a discogenic lumbar condition with facet inflammation. Treatment to date has included medications, radiological studies, chiropractic care, physical therapy and a neurologic consultation. Current documentation dated February 2, 2015 notes that the injured worker complained of neck, low back and shoulder pain. She also reported headaches. Physical examination revealed tenderness along the cervical and lumbar paraspinal muscles bilaterally. The treating physician's recommended plan of care included a retrospective request for Lidoderm 5% patches # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Retro (DOS 2/2/15) Lidoderm Patch 5 % QTY 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Page(s): 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

**Decision rationale:** The patient presents with neck and back pain and headache. The request is for RETRO (DOS 1/21/15) LIDODERM PATCH 5% QTY 60. Physical examination to the cervical and lumbar spines on 10/22/14 revealed tenderness to palpation to the cervical and lumbar paraspinal muscles bilaterally. Patient has had physical therapy and chiropractic treatments with benefit. Per 10/22/14 progress report, patient's diagnosis include discogenic cervical condition with facet inflammation and headaches, and discogenic lumbar condition with facet inflammation. Patient's medications, per 08/27/14 progress report include Tramadol ER, Terocin Patches, Lidopro Lotion, Protonix, and Naproxen. Patient is temporarily totally disabled. MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain." When reading ODG guidelines, it specifies that Lidocaine patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. The treater does not discuss this request and there is no RFA. Review of the reports do not show prior use of the patches. In this case, the patient is diagnosed with discogenic cervical condition with facet inflammation and headaches, and discogenic lumbar condition with facet inflammation and does not present with localized, peripheral neuropathic pain for which this medication is indicated. This topical is also not indicated for axial spinal pains, or joint pains. The request IS NOT medically necessary.